Long time survival in locally advanced lung cancer

B. Taboada Valladares, P. Calvo Crespo, P. Peleteiro Higuero, I. Formoso García, A. Varela Pazos, A. Carballo Castro, A. Gómez Caamaño
Complejo Hospitalario Universitario de Santiago, Oncología Radioterápica, Spain

A fourty-one year old patient who was diagnosed of an epidermoid carcinoma G3 of right lung clinical stage, T3N2M0, E.IIIA in August, 2004. She began a Cisplatinum with Gemzitabine treatment during three cycles, with partial response. Then, a mediastinoscopy with 4R biopsy was performed, which was positive for G3 squamous cell carcinoma. She underwent surgery, a right superior lobectomy with linfathenectomy, with an anatomic pathology of ypT3N2. After seeing these results, she began adjuvant RCT, 5040 cGy concomitant with weekly cisplatinum well tolerated. She also underwent prophylactic cranial irradiation. She continued follow-ups to 2008, when a recurrence appeared. It was located in the upper mediastinum, and was treated with radical RCT. The total dose 6120 cGy concomitant with daily Cisplatinum obtained a partial response. The patient was followed up to April 2011 when a transesophageal injury appeared, which was confirmed by PET. She underwent Carboplatinum with Taxan, for a total of six cycles. No changes were found during the next controls until May 2012, when progressive disease was confirmed. In June, she began to feel dizziness, and a brain MRI confirmed cerebellar metastasis, which was operated in July. In August, a recurrence of cerebellar metastasis was shown, and it was planned that she would receive palliative holocraneal radiotherapy, 2000 cGy. She was deceased in October 2012.
Conclusions. Thanks to multidisciplinary approach, combined with surgery, radiotherapy and chemotherapy, an overall survival rate greater than 8 years has been achieved, together with a progression-free interval of 3 years.

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Lung cancer brain metastasis: Un unexpected outcome

N. García, A. Alonso, C. Senín, I. Fernández, J. Castellanos, J. Carrasco, C. Azpitarte, P. González, M. Lázaro, M. Jorge
Complejo Hospitalario Xeral-Cies, Spain

Metastatic lung cancer has a poor outcome despite of new emergent therapies. Brain metastasis is a common complication of this disease, with a median survival range from 3 to 15 months. In our patient, treated with whole brain radiation therapy, we find an unexpected good response, and long survival. The patient is a 48 years old man who smokes 40 cigarettes daily. In September 2007, he did a chest X-ray due to a bronchial infection, and a left superior mass was founded. He relates a story of dyspnoea and progressive asthenia since 6 months ago, accompanied of dysmetria in the neurological examination. He was diagnosed of a non small cell lung cancer by bronchial biopsy (T2 N2). The brain CT reveals the presence of multiple brain metastasis with a extensive surrounding edema. He starts a corticosteroid therapy, with fast improvement of dysmetria. Between 25/09/07 and 8/10/07, he received palliative whole brain radiation therapy (30 Gy) with good tolerance, but in post treatment CT brain metastasis remains unmodified. In addition, cisplatin and docetaxel based chemotherapy was administrated. He receives later Carboplatin AUC 5 instead of Cisplatin from the 5 cycle due to neurotoxicity. Partial response was observed in thoracic disease, with mild improvement in brain lesions. Between 11/11/08 and 23/12/08, the patient receives 60 Gy of thoracic salvage radiotherapy. Currently patients is asymptomatic and without evidence of progression disease.

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Sarcoma as second malignancy in retinoblastoma

M. López Valcárcel, F. Valcárcel Sancho, P. Tavera Pomata, M. Hernández Miguel, M. Cobo Belmonte, D. Rincón Cruz, R. Gómez Jaramillo, A. de La Torre Tomás
Hospital Universitario Puerta de Hierro Majadahonda, Spain

Background. Retinoblastoma is rare malignant tumor that arises in the retina. 95% of cases usually are diagnosed before 5 years of age. Survivors of hereditary retinoblastoma have an elevated risk of developing second malignancies.
Purpose. We report a case of soft tissue sarcoma arising as a second neoplasm in a patient with bilateral retinoblastoma previously irradiated.
Methods and materials. A 5-months-old girl was diagnosed bilateral retinoblastoma. She was treated with enucleation of the left eye and bilateral orbital radiotherapy in November 1972, receiving 30 Gy in 15 fractions. In 1973 presented in the right eye vitreous seeding managed with radiotherapy 36 Gy in 12 fractions. Finally, in 1975 needed enucleation of the right eye. 5 years later had a sarcoma in the right mandible treated with radiotherapy receiving 60 Gy in 30 fractions. In December 2006, begins with nasal packing. CT and MRI showed a mass in the right ethmoid and extension to nostrils. Maxillectomy and orbital exenteration are performed with diagnosis of spindle cell sarcoma and areas of rhabdomyosarcoma of high degree. In November 2007 TC presents relapse in the left ethmoid. The lesion was treated with fractionated stereotactic radiotherapy 50 Gy, 2 Gy per fraction.
Results. Today the patient is 40 years old and no evidence of disease.
Conclusion. Osteosarcomas and rhabdomyosarcomas are the most common secondary tumors in irradiated hereditary retinoblastoma survivors, which develop both inside and outside the radiation fields.

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